## The Quick Inventory of Depressive Symptomatology (16-Item) (Self-Report) (QIDS-SR<sub>16</sub>) Name or ID: Date: CHECK THE ONE RESPONSE TO EACH ITEM THAT BEST DESCRIBES YOU FOR THE PAST SEVEN DAYS. During the past seven days... During the past seven days... 1. Falling Asleep: 5. Feeling Sad: □ 0 I never take longer than 30 minutes to fall asleep. 0 I do not feel sad. I take at least 30 minutes to fall asleep, less than 1 I feel sad less than half the time. half the time. 2 I feel sad more than half the time. I take at least 30 minutes to fall asleep, more than □ 3 I feel sad nearly all of the time. half the time. 3 I take more than 60 minutes to fall asleep, more than Please complete either 6 or 7 (not both) half the time. 6. Decreased Appetite: 2. Sleep During the Night □ 0 There is no change in my usual appetite. □ 0 I do not wake up at night. I eat somewhat less often or lesser amounts of food than usual. I have a restless, light sleep with a few brief ☐ 2 I eat much less than usual and only with personal effort. awakenings each night. ☐ 2 I wake up at least once a night, but I go back to I rarely eat within a 24-hour period, and only with extreme personal effort or when others persuade me to sleep easily. eat. ☐ 3 I awaken more than once a night and stay awake for 20 minutes or more, more than half the time. - OR -7. Increased Appetite: 3. Waking Up Too Early: □ 0 There is no change from my usual Most of the time, I awaken no more than 30 minutes appetite. before I need to get up. ☐ 1 I feel a need to eat more frequently than usual. More than half the time, I awaken more than 30 I regularly eat more often and/or greater amounts of minutes before I need to get up. food than usual. ☐ 2 I almost always awaken at least one hour or so □ 3 I feel driven to overeat both at mealtime and between before I need to, but I go back to sleep eventually. meals. ☐ 3 I awaken at least one hour before I need to, and can't go back to sleep. Please complete either 8 or 9 (not both) 4. Sleeping Too Much: 8. Decreased Weight (Within the Last Two Weeks): □ 0 I sleep no longer than 7-8 hours/night, without O I have not had a change in my weight. napping during the day. ☐ 1 I feel as if I have had a slight weight loss. ☐ 1 I sleep no longer than 10 hours in a 24-hour period ☐ 2 I have lost 2 pounds or more. including naps. ☐ 2 I sleep no longer than 12 hours in a 24-hour period 3 I have lost 5 pounds or more. including naps. - OR -☐ 3 I sleep longer than 12 hours in a 24-hour period 9. Increased Weight (Within the Last Two Weeks): including naps. □ 0 I have not had a change in my weight. I feel as if I have had a slight weight gain.

2 I have gained 2 pounds or more.3 I have gained 5 pounds or more.

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During the past seven days		During the past seven days	
10. Concentration / Decision Making:		14. Energy Level:	
□0	There is no change in my usual capacity to		There is no change in my usual level of energy.
m .	concentrate or make decisions.	□1	I get tired more easily than usual.
	I occasionally feel indecisive or find that my attention wanders.	□ 2 □ 3	I have to make a big effort to start or finish my usual daily activities (for example, shopping, homework, cooking, or going to work).
□2	Most of the time, I struggle to focus my attention or to make decisions.		
□ 3	I cannot concentrate well enough to read or cannot make even minor decisions.		I really cannot carry out most of my usual daily activities because I just don't have the energy.
11. View of Myself:		15. Feeling Slowed Down:	
	•	□0	I think, speak, and move at my usual rate of speed.
	I see myself as equally worthwhile and deserving as other people.	□1	I find that my thinking is slowed down or my voice sounds dull or flat.
	I am more self-blaming than usual.	□2	It takes me several seconds to respond to most
□ 2	I largely believe that I cause problems for others.	_	questions and I'm sure my thinking is slowed.
□3	I think almost constantly about major and minor defects in myself.	3	I am often unable to respond to questions without extreme effort.
12. Thoughts of Death or Suicide:		16. Feeling Restless:	
□0	I do not think of suicide or death.	□٥	I do not feel restless.
□1	I feel that life is empty or wonder if it's worth living.	□1	I'm often fidgety, wringing my hands, or need to shift how I am sitting.
□ 2	I think of suicide or death several times a week for several minutes.	□2	I have impulses to move about and am quite restless.
□3	I think of suicide or death several times a day in some detail, or I have made specific plans for suicide or have actually tried to take my life.	□3	At times, I am unable to stay seated and need to pace around.
13. (	General Interest		
□0	There is no change from usual in how interested I am in other people or activities.		
□ 1	I notice that I am less interested in people or activities.		•
□2	I find I have interest in only one or two of my formerly pursued activities.		
□ 3	I have virtually no interest in formerly pursued activities.		